	- 0 4544	THE DIVISION OF H				5261	
FILED MAR	2 1949	STANDARD CERTI	FICATE OF DEA	ATH	State File No	******************************	
BIRTH NO.		_ REG. DIST. NO	_ PRIMARY REG. DIST.	· · · · · · · · · · · · · · · · · · ·			
1. PLACE OF DEA	TH		2. USUAL RESID		mand lived. If ins		oe befor
a. COUNTY	Jackson		a. STATE Miss		Ja	ckson .	10
b. CITY (If outside cor		URAL and give   C. LENGTH O	F c. CITY (If outside on	rporate limite, write RU	RAL and give town	nahip)	
TOWN P	rairie Tøw	mship = 2 mo 5 c	ays TOWN Ka	nsas City 3	·		<u>، چ</u>
HOSPITAL OR		national give street address or location . Emergency Hospita	ADDRESS	(If recal, give located) 515 Blue, F		d	Ĭ
B. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE	(Month)	(Day) (Y	(ear)
DECEASED (Type or Print)	Grace	э. М	Thomas	OF DEATE	н νEeb.	4 19	149
	COLOR OR RACE	1 7. MARRIED, NEVER MARRIED.		1 9 5 9. AGE	(In years IF UNDER	I YEAR UF UNDE	R 14 HRS.
female /	white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify	) [		rthday) Months	Days Hours	Min.
		giverced 2	January 10,		77	12. CITIZEN C	1
Oa. USUAL OCCUPATIO done during most of working	JN (Give kind of working life, even if retired)	106. KIND OF BUSINESS OR IN		e or foreign country)		COUNTRY?	T WHAI
Housekeepe		Self employed	Friend, Nel	br./		Americar	1
Ba. FATHER'S NAME	•	13b. MOTHER'S MAID	EN NAME	14. NAME OF HU	JSBAND OR WIF	E	
Frank Higge	enhatham	Alice McMu	ıllen	none			
5. WAS DECEASED EVE					OR NAME	ADDR	ESS
	yes, give war or dates HONC			ounty Hospi		rds	
Enter only one cause per	I. DISEASE OR CO	PING TO DEATH*(a)	CERTIFICATION	och op.	reunda	ONSET AND	WEEN SATH LEG
Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	DIRECTLY LEAD	CONDITION OING TO DEATH*(a)  AUSES Aus, if any, giving DUE TO (b)  Lause (a) stating use last.	risal bes	levis Levis e undet	endon	ONSET AND	WEEN PRATH LAS NOW
Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the discase, injury, or complica-	ANTECEDENT C.  Morbid condition- rise to the above c the underlying can  11. OTHER SIGNII	AUSES  AUSES  Ause, if any, giving DUE TO (b)  Later last.  DUE TO (c)  FICANT CONDITIONS	risal bes	lever lever	ermines	ONSET AND	WEEN DEATH LAS
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MAR3 1949

I hereby certify that the body whose name is recorded on the reverse significant	de of this o	certificate was	embalmed b	y me, or by	. <del> </del>
working under my personal supervision.	<b>,</b>	Student Emi	balmer No.		
working ander the personal supervision.	_	011	,	1	

STATEMENT BY LICENSED EMBALMER

Student Embalmer

Signed Rossald W Hanks

Licensed Embalmer No. 4528

P. O. Address Ontegendard Missons
Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

County ofJac	kson ss.	AFFIDAVIT	FOR CORRE	CTION OF A	RECORD	Local Registrar	s No
	ardday of	March	101.0			El over	(anager
On this	day of	Cuneral Ha	17.47	, 194, his	before me app	ears that the original	A Car Off
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